Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Iola Police Department	Robert Droessler	IPD16-0528	1 / 5

Investigating Officer Name	Badge Number	County	City Name
Jeremy A. Troester	159	AL	IOLA

☐ Amended Report
☐ DUI
☐ Hit & Run

PO Accident Severity
Fatal
Injury
PDO >= $1,000
PDO < $1,000
☒ Private Property

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day
	2050		PARKING LOT	TRFY			04/22/2016	19:18	FR

From Dist	Ft/Mi	From Dir	○ FROM ○ AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
				N	STATE	ST			04/22/2016	19:21	FR

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V1 was backing out of a parking stall before striking the front of X2.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
04/22/2016	19:30	FR

Latitude (AOI)

Longitude (AOI)

Photos by

KDOT? ☐ Object 1 Damaged & Nature of Damage (show in diagram) | Owner Street Address | Personal Phone

Owner Last Name | First Name | Middle Name | City | State | Zip | Work Phone

KDOT? ☐ Object 2 Damaged & Nature of Damage (show in diagram) | Owner Street Address | Personal Phone

Owner Last Name | First Name | Middle Name | City | State | Zip | Work Phone

WORK ZONE TYPE — 00 ON — AT

00 None Apply
01 Construction Zone -
02 Maintenance Zone -
03 Utility Zone -
99 Unknown

KDOT? ☐

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign
02 Advance warning area
03 Transition area
04 Activity area
05 Termination area
99 Unknown

- WORK ZONE CATEGORY

01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
99 Unknown

00 ADVERSE WEATHER CONDITIONS

00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

01 SURFACE TYPE — ON — AT

01 Concrete
02 Blacktop (Asphalt)
03 Gravel
04 Dirt
05 Brick
88 Other: _____
99 Unknown

01 SURFACE CONDITIONS — ON — AT

01 Dry
02 Wet
03 Snow
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush
88 Other: _____
99 Unknown

23 ACC. LOCATION (of 1st Harmful Event)

ON ROADWAY: (within travel lanes)
11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drvwy
15 Interchange Area +
16 On Crossover
17 Toll Plaza

OFF ROADWAY:
20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other: _____
99 Unknown

+INTERSECTION TYPE

01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout
07 Traffic Circle
08 Part of an interchange
99 Unknown

(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)

1	2	3
00		

00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
05 Interchange
06 Ramp
99 Unknown

04 ACCIDENT CLASS (mark 1 box per side) — 04

1st Harmful Event — Most Harmful Event

00 Other non-collision
01 Overturned/Rollover

COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

****FIXED OBJECT TYPE** (mark 1 box per side if applicable)

1st Harmful Event — Most Harmful Event

01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole,meter,etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRXING fixtures
88 Other: _____
99 Unknown

***COLLISION WITH VEHICLE** (mark 1 box per side if applicable)

1st Harmful Event — Most Harmful Event

01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: _____
99 Unknown

TRAFFIC CONTROLS

(On / At Road) O/A — Type Present — OK/NF

	1	1	1
00 None	O	12	OK
01 Officer, flagger	2	2	2
02 Traffic signal	3	3	3
03 Stop sign	4	4	4
04 Flasher	5	5	5
05 Yield sign			

06 RR gates / signal
07 RR crossing signs
08 No passing zone
09 Center/Edge lines
10 Warning signs
11 School zone signs
12 Parking lines
88 Other: _____
99 Unknown

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Accident Diagram
850A continued

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
	DOLLAR GENERAL	IPD16-0528	2 / 5

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (ON / AT)

01 Straight & Level
02 Straight on grade/slope
03 Straight on hillcrest
04 Curved & level
05 Curved on grade/slope
06 Curved on hillcrest
88 Other: _____
99 Unknown

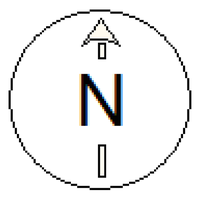
00 SPECIAL JURISDICTION

00 Normal Jurisdiction (Not Special)
01 National Park Service
02 Military
03 Indian Reservation
04 College / University Campus
05 Other Federal property
88 Other: _____
99 Unknown

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction

Draw scene as observed or recreate per statements and evidence available



NOT TO SCALE

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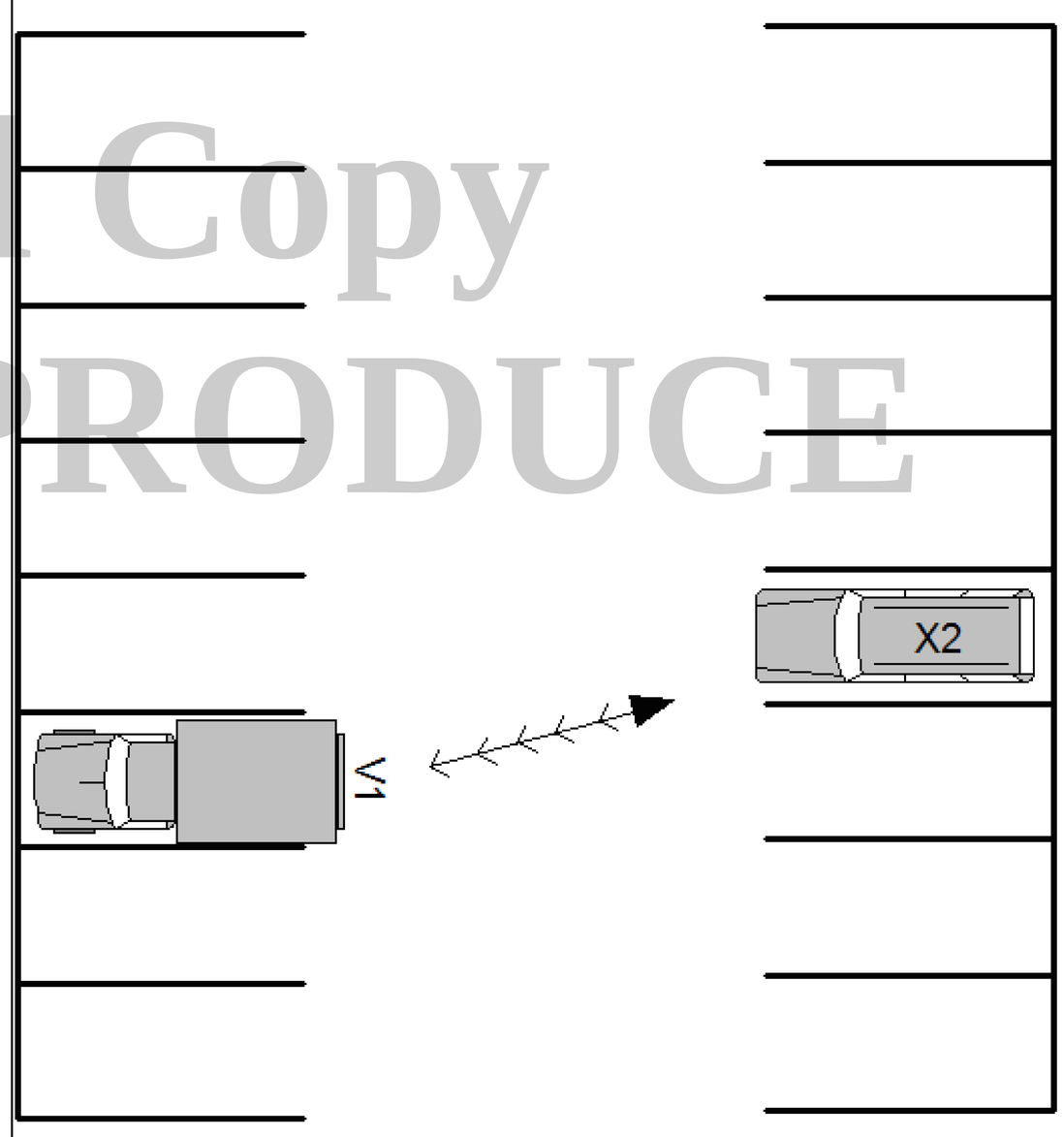
2050 N. State Street



Drawn By:
Officer Jeremy A. Troester #159
Iola Police Department

NOTICE:
This diagram depicts the V1's pre-crash movement. V1 was moved prior to law enforcement arrival.

Occupants & Vehicles
KDOT Form 850B Rev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.: Jeremy A. Troester 159

Local Case No.: IPD16-0528

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D1 43

Unit # / Seat Type	DRIVER Last Name / DRIVER First Name	Middle Name / Date of Birth	DRIVER ADDRESS (Number, Street, Suffix, etc.) / City State Zip	Personal Phone Number / Work Phone Number	Gender / Age	SE Used / Eject/Trap	Inj Severity / Eject Path	Transpt Unit / Extrication?
TU 01	MITCHELL	MN LYNN	New address? ☒	Personal	M	S	N	
ST 01	CEDRIC	DOB		Work	35	N		☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☒	☐

01 DR LICENSE COMPLY
00 Not licensed
01 Valid License
02 Suspended
03 Revoked
04 Expired
05 Cancld or Denied
06 Disqualified
07 Restricted
99 Unknown

RESTRICT COMPLY
Restrictions?
Driver's Lic Restrictions — Complied? Y N
1
2
3
4

COMMERCIAL ENDORSEMENTS
1 2 3 4
Z - None
T - Double/Triple Trailer
P - Passenger Vehicle
N - Tank Vehicle
H - Placarded Haz. Material
X - Combination Tank/HazMat
S - School Bus
U - Unknown

SUBSTANCE USE (mark all that apply)
☐ AP - Alcohol ingested
☐ AC - Alcohol contributed
☐ DP - Illegal drugs ingested
☐ DC - Illegal drugs contributed
☐ MP - Medication ingested
☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

IMPAIRMENT TEST (mark all that apply)
☒ NG - No Test given
☐ TR - Test Refused (Alcohol/Drug)
☐ PT - Prelim Positive Test (PBT)
☐ TG - Evidentiary Test given
☐ RP - Results pending

ALCOHOL
☐ Evidentiary Breath 0.
☐ Eye Fluid 0.
☐ Blood (BAC) 0.
☐ Other 0.

Drug screen result

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

DR LICENSE COMPLY
00 Not licensed
01 Valid License
02 Suspended
03 Revoked
04 Expired
05 Cancld or Denied
06 Disqualified
07 Restricted
99 Unknown

RESTRICT COMPLY
Restrictions?
Driver's Lic Restrictions — Complied? Y N
1
2
3
4

COMMERCIAL ENDORSEMENTS
1 2 3 4
Z - None
T - Double/Triple Trailer
P - Passenger Vehicle
N - Tank Vehicle
H - Placarded Haz. Material
X - Combination Tank/HazMat
S - School Bus
U - Unknown

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☐ TG - Evidentiary Test given
☐ RP - Results pending

ALCOHOL
☐ Evidentiary Breath 0.
☐ Eye Fluid 0.
☐ Blood (BAC) 0.
☐ Other 0.

Drug screen result

Unit # / Seat Type	PASSENGER Last Name / PASSENGER First Name	Middle Name / Date of Birth	PASSENGER ADDRESS (Number, Street, Sfx, etc.) / City State Zip	Personal Phone Number / Work Phone Number	Gender / Age	SE Used / Eject/Trap	Inj Severity / Eject Path	Transpt Unit / Extrication?
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐

Transport Unit ____	EMS Time Notified	Injured taken by:	Transport Unit ____	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

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Occupants & Vehicles
850B Continued

Local Case No. IPD16-0528

VEHICLE# 01 (01, 03, N3, X3, etc)

SPECIAL DATA

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
OD CARGO LLC		

OWNER ADDRESS (Number, Street) New address? ☐ Personal Phone

CITY | ST | ZIP | Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
WHI	2007	CHEV	SLV	PK	

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
		2016	DRIVER	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
	E	1

Insurance Company | Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 | 2 | 3 | 4 | 5

Odometer 304276 | Fire? ☐

1 Hit & Run | 2 Non-Contact | 3 Stolen | 4 Legally Parked | 5 Pursued by LE | 6 Driverless | 7 Towed away due to damage

05 VEHICLE BODY TYPE

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

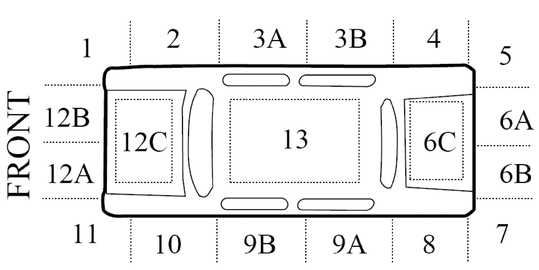
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

00 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 06 Major Impact 06



☐ 14 Undercarriage ☐ 15 Windshield
☐ 16 Other windows ☐ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other: _____

Trailer: Present / Damaged

10 VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 23 | 2 | 3 | 4

☐ The exact sequence is unknown

NON-COLLISION

01 Ran off road right
02 Ran off road left
03 Crossed centerline
04 Overturn/Rollover
05 Crossed median
06 Fell/Jumped from veh
07 Thrown or falling object
08 Cargo loss or shift
09 Equipment failure (tire, brakes, etc.)
10 Downhill runaway
11 Trailer swing
12 Separation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
98 Unknown non-coll.

COLLISION WITH

21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
_____
99 Unknown object

VEHICLE# X2 (02, 04, N2, X4, etc)

SPECIAL DATA

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
CAMPBELL	SHANNON	LYNN

OWNER ADDRESS (Number, Street) New address? ☒ Personal Phone

CITY | ST | ZIP | Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
GRN	2003	GMC	ENV	SP	

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
		2016	OWNER	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
		0

Insurance Company | Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 4 | 2 6 | 3 | 4 | 5

Odometer 130630 | Fire? ☐

1 Hit & Run | 2 Non-Contact | 3 Stolen | 4 Legally Parked | 5 Pursued by LE | 6 Driverless | 7 Towed away due to damage

06 VEHICLE BODY TYPE

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
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LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

02 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
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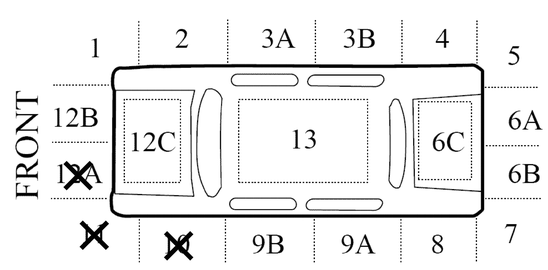
DAMAGE LOCATION AREA

First Impact 12 Major Impact 10



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24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
_____
99 Unknown object

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